

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO/
09/659683

FILING DATE

APPLICANT(S)

9-16-04 9-9-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3						
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26						
27	1	1				
28						
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41						
42						
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48						
49						
50						
TOTAL IND.	1	1	1	1	1	1
TOTAL DER.	0	0	0	0	0	0
TOTAL CLAIMS	1	1	1	1	1	1

*	*	*	*
IND.	DER.	IND.	DER.
51			
52			
53			
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94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	1	1	1
TOTAL DER.	0	0	0
TOTAL CLAIMS	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS